

MODIFIED

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

Debtor: KENNETH W. ROSS SSN: XXX-XX-0760
 Joint Debtor: TRACY E. ROSS SSN: XXX-XX-9393
 Address: 36 THORNBERRY LANE
PETALMS 39465

CASE NO. 14-51619-kms
 Median Income: ☒ Above ☐ Below

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$ _____ (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

(B) Joint Debtor shall pay \$ * 0.00 (☒ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

FIRST PRESBYTERIAN CHURCH
4901 HARDY ST
HATTIESBURG MS 39401

PRIORITY CREDITORS.

Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ 4,109.10 at \$ _____/month
 Mississippi Dept. of Revenue: \$ _____ at \$ _____/month
 Other/_____: \$ _____ at \$ _____/month

DOMESTIC SUPPORT OBLIGATION. DUE TO: N/A

POST PETITION OBLIGATION: In the amount of \$ _____ per month beginning _____.
 To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the total amount of \$ _____ through _____ which shall be paid in the amount of \$ _____ per month beginning _____.
 To be paid ☐ Direct, ☐ through payroll deduction, or ☐ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to BANCORP SOUTH Beginning Nov. 2015 @ \$ 1,188.90 ☐ Plan ☒ Direct
 Mtg pmts to _____ Beginning _____ @ \$ _____ ☐ Plan ☐ Direct
 Mtg pmts to _____ Beginning _____ @ \$ _____ ☐ Plan ☐ Direct

Mtg arrears to BANCORP SOUTH Through NOV 2014 \$ 0.00 @ \$ _____/mo
 Mtg arrears to _____ Through _____ @ \$ _____/mo
 Mtg arrears to _____ Through _____ @ \$ _____/mo

Debtor's Initials KWR Joint Debtor's Initials JER Chapter 13 Plan, Page 1 of 3

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____
 Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____
 Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

| CREDITOR'S NAME | COLLATERAL | 910* CLM | APPROX. AMT. OWED | VALUE | INT. RATE | PAY VALUE OR AMT. OWED |
|-----------------|------------|----------|-------------------|-------|-----------|------------------------|
|-----------------|------------|----------|-------------------|-------|-----------|------------------------|

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

| CREDITOR'S NAME | COLLATERAL | APPROX. AMT. OWED | PROPOSED TREATMENT |
|-----------------|------------|-------------------|--------------------|
|-----------------|------------|-------------------|--------------------|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

| CREDITOR'S NAME | APPROX. AMT. OWED | CONTRACTUAL MO. PMT. | PROPOSED TREATMENT |
|-----------------|-------------------|----------------------|--------------------|
|-----------------|-------------------|----------------------|--------------------|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

SPECIAL PROVISIONS which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

GENERAL UNSECURED CLAIMS total approximately \$ 42,533.82. Such claims must be **timely filed** and not disallowed to receive payment as follows: ☒ IN FULL (100%), _____%(percent) MINIMUM, or a total distribution of \$ _____, with the Trustee to determine the percentage distribution. **Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Debtor's Initials

KwR

Joint Debtor's Initials

JYEChapter 13 Plan, Page 2 of 3

Total attorney fee charged: \$ 3,200.00
 Attorney fee previously paid: \$ 990.00
 Attorney fee to be paid in plan: \$ 2,210.00

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

Attorney for Debtor (Name/Address/Phone/Email)
DAVID L. LORD (1427)
808 WEST PINE STREET
HATTIESBURG MS 39401

Telephone/Fax: _____

Telephone No. 601-583-6132
 Facsimile No. 601-582-5627
 Email address lordlawfirm2@bellsouth.net

DATED: 10/17/2014 DEBTOR'S SIGNATURE

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE

[Signature]
[Signature]
[Signature]

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

IN RE: KENNETH W. ROSS
TRACY G. ROSS, Debtors

CASE NO: 14-51619 KMS
Chapter 13 Proceeding

I/We declare under penalty of perjury that the following marked items have been
amended/modified and are true and correct:

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Voluntary Petition |
| <input type="checkbox"/> | Summary of Schedules |
| <input type="checkbox"/> | Statistical Summary |
| <input type="checkbox"/> | Schedule A |
| <input type="checkbox"/> | Schedule B |
| <input type="checkbox"/> | Schedule C |
| <input type="checkbox"/> | Schedule D |
| <input type="checkbox"/> | Schedule E |
| <input type="checkbox"/> | Schedule F |
| <input type="checkbox"/> | Schedule G |
| <input type="checkbox"/> | Schedule H |
| <input type="checkbox"/> | Schedule I |
| <input type="checkbox"/> | Schedule J |
| <input type="checkbox"/> | Statement of Financial Affairs |
| <input checked="" type="checkbox"/> | Chapter 13 Plan |
| <input type="checkbox"/> | Statement of Intentions |
| <input type="checkbox"/> | Matrix |
| <input type="checkbox"/> | Statement of Current Monthly Income and Means Test Calculations |
| <input type="checkbox"/> | Statement of Social Security Numbers (B21) |

Executed this the 15th day of September, 2015.


KENNETH W. ROSS


TRACY G. ROSS